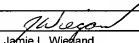


Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4610).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number 10/767,004-Conf. #5027	Filing Date January 28, 2004
		First Named Inventor Yingqing L. Cui	Examiner Name J. D. Popham
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit 2437	Attorney Docket No. 08226/0200356-USO
TOTAL AMOUNT OF PAYMENT	(\$) 940.00		

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	52	26					
Each independent claim over 3 (including Reissues)	220	110					
Multiple dependent claims	390	195					
Total Claims 43 - 45 or HP Extra Claims Fee (\$) HP = highest number of total claims paid for, if greater than 20.			Fee Paid (\$)		Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
Indep. Claims 6 - 6 or HP Extra Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3.			Fee Paid (\$)				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets _____ - 100 = _____	Extra Sheets _____ /50 = _____	Number of each additional 50 or fraction thereof _____	Fee (\$) _____	Fee Paid (\$) _____			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)				Fee Paid (\$)			
1251 Extension for response within first month				130.00			
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...				810.00			

SUBMITTED BY		Registration No. 52,361	Te/phone (206) 262-8915
Signature 	Name (Print/Type) Jamie L. Wiegand	Date August 27, 2009	